

Foster Family Home - Corrective Action Report

Provider ID: 1-190088

Home Name: Ofelia Guillermo, CNA

Review ID: 1-190088-1

94-736 Kaaka Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 11/12/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a new 2 person CCFFH certification made on 11/12/19. Corrective Action Report issued during home inspection with all items due to CTA by 12/12/19.

6.(d)(1) - see applicable sections of the review

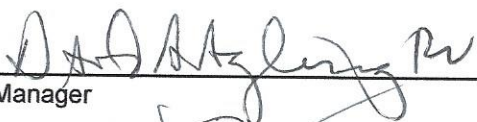
Foster Family Home Background Checks [11-800-8]

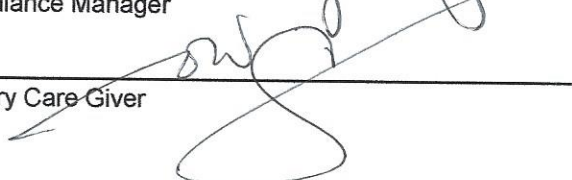
8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2) - No current APS/CAN and fingerprints for HHM #1.


Compliance Manager


Primary Care Giver


Date


Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: OFELIA N. GUILLERMO
CCFFH Address: 94-736 KAAKA ST, WAIKANA, HI 96734

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
	I received current APS/CAN and finger prints from HHM #1 and placed in my CCFFH binders	11/13/19	I will have all HHM's and new CG's have new or current APS/CAN and finger prints when they move in or I hire them.

Primary Caregiver's Signature: _____

Print Name: OFELIA N. GUILLERMO

Date of Signature: 11/13/19